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MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. 8863
1. PLACE OF DEATH				State ARIZONA		Registered No. _____
County Graham				Township _____		City Pima
Length of residence in city or town where death occurred 2 yrs. 10 mos. 18 ds.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ d.		
2. FULL NAME Florence Ellen News				How long in State when death occurred? 2 yrs. 10 mos. 18 d.		
(a) Residence: No. Pima Arizona				St. _____ Ward. _____		(If non-resident give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS						
3. SEX Female	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____						
6. DATE OF BIRTH (month, day, and year) Aug. 26, 1935						
7. AGE	Years 2	Months 10	Days 18	If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____						
10. Date deceased last worked at this occupation (month and year) _____						
11. Total time (years) spent in this occupation _____						
12. BIRTHPLACE (city or town) Pima Arizona						
13. NAME Albert M. News						
14. BIRTHPLACE (city or town) Central, Ariz.						
15. MAIDEN NAME Alice R. Cliff						
16. BIRTHPLACE (city or town) Pima, Ariz.						
17. INFORMANT Albert M. News						
18. BURIAL, CREMATION, OR REMOVAL						
Place Pima Date 7/15/38						
19. EMBALMER						
License No. _____ Signature Chert M. News						
FUNERAL DIRECTOR Chert M. News						
Address Aug 9, 1938						
20. Filed Aug 9, 1938						
MEDICAL CERTIFICATE OF DEATH						
21. DATE OF DEATH (month, day, and year) July 14, 1938						
22. I HEREBY CERTIFY, that I attended deceased from July 12, 1938 to July 14, 1938						
last seen alive on July 14, 1938 ; death is as to have occurred on the date stated above, at 6:00 P. M.						
The principal cause of death and related causes of importance were as follows: Pneumonia						
Other contributory causes of importance: Bronchial Pneumonia July 12						
Name of operation _____ Date of _____						
What test confirmed diagnosis? _____ Was there an autopsy? No						
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____						
Where did injury occur? _____ (Specify city or town, county and State)						
Specify whether injury occurred in industry, in home, or in public place						
Manner of injury _____						
Nature of injury _____						
24. Was disease or injury in any way related to occupation of deceased? No						
If so, specify _____						
(Signed) M. M. McLaughlin M. J.						
(Address) Pima, Ariz.						